

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-12-03.

## I. DISPUTE

Whether there should be reimbursement for CPT codes: 99212, 97139PH, 99070PH, 97139SS, 97124 and 97113.

## II. FINDINGS & RATIONALE

Neither party submitted EOBs to support services identified as “No EOB”; therefore, they will be reviewed in accordance with *Medical Fee Guideline*. The insurance carrier submitted a response that indicated that the following payments were made: 5-29-02 = \$208.00; 6-10-02 = \$74.00; and 6-18-02 = \$195.00.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-29-02 6-18-02	99212	\$32.00	\$0.00	No EOB	\$32.00	Evaluation & Management GR (VI)	SOAP note supports delivery of service per MFG, reimbursement of \$32.00 X 2 dates = \$64.00 is recommended.
5-29-02 6-18-02	97139PH	\$35.00	\$0.00	NO EOB	DOP	General Instructions GR (III) Section 413.011(b)	Requestor failed to support amount billed complies with Section 413.011(b) and General Instructions GR (III); therefore, no reimbursement is recommended.
6-10-02 6-18-02	97113 (X4)	\$208.00	\$140.00 \$104.00	NO EOB	\$52.00 / 15 min	CPT Code Descriptor Medicine GR (I)(A)(9)(b)	SOAP note supports delivery of service per MFG, reimbursement of \$208.00 is recommended
5-29-02	97124	\$56.00	\$0.00	No EOB	\$28.00 / 15 min	CPT Code Descriptor	SOAP note supports delivery of service per MFG, reimbursement of \$56.00 is recommended
5-29-02	97139SS	\$35.00	\$0.00	NO EOB	DOP	General Instructions GR (III) Section 413.011(b)	Requestor failed to support amount billed complies with Section 413.011(b) and General Instructions GR (III); therefore, no reimbursement is recommended.
5-29-02 6-18-02	99070PH	\$7.00	\$0.00	No EOB	DOP	General Instructions GR (IV)	SOAP note supports delivery of service per MFG, reimbursement of \$7.00 X 2 dates = \$14.00 is recommended
TOTAL							The requestor is entitled to reimbursement of <b>\$342.00</b> . Since the Medical Review Division is unable to determine what services were paid and not paid; the total amount paid for disputed dates of service = \$477.00. \$477.00 is greater than \$342.00; therefore, additional reimbursement is not due.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to additional reimbursement for CPT code(s) 99212, 97139PH, 99070PH, 97139SS, 97124 and 97113.

The above Findings and Decision are hereby issued this 05th day of March 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division